

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/63/141

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		1				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	23					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						